

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

288519

Filed 11-14-19@  
10:40 - js

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2019 356 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Simeon Glaubach

Telephone:

843-608-0788

Address: 2824 Rutherford Way  
Charleston, SC 29414

Fax:

Other:

Email:

info@customcarecarriage.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED  
NOV 14 2019

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 11/14/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Custom Care Carriage LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2824 Rutherford Way

Street Address of Applicant

Charleston, SC 29414

Mailing Address of Applicant (if different from street address)

843 608 0788

Phone

Fax

info@customcarecarriage.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b>Assets:</b>		<b>Liabilities:</b>	
Value of Real Estate		Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	17,500	Loans Owed on Motor Vehicles	0
Cash on Hand	<del>0</del>	Business/Other Loans Owed	0
Cash in Bank	30,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment		<b>Total Liabilities</b>	0 ✓
<b>Total Assets</b>	47,500 ✓		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges:

\$600 for 2 hour minimum  
 \$150 each additional hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input checked="" type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input checked="" type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input checked="" type="checkbox"/> Greenwood	<input checked="" type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input checked="" type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input checked="" type="checkbox"/> McCormick	<input checked="" type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input checked="" type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input checked="" type="checkbox"/> Oconee	
<input checked="" type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input checked="" type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2019 Grand Caravan	2C4RD6BG4KR560840	4321	RAMP

# INSURANCE QUOTE

## This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Custom Care Carriage LLC

Name of Applicant

2824 Rutherford Way Charleston, SC 29414

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 2180.42

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

### Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	<del>5000</del> 5000-

Greenhill Insurance Co. / Triest Agency

Name of Insurance Company

1052 Gardner Rd. Charleston, SC 29407

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Simeon Glaubach / Custom Care Carriage LLC  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Sheldon Brown*  
Applicant's Signature

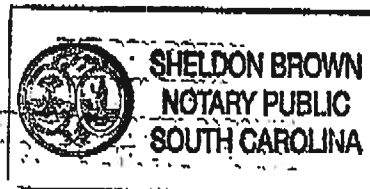
Director  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )

SWORN TO BEFORE ME  
This 13 day of November, 20 19

*Sheldon Brown*  
Notary Public

Commission Expires July 15, 2024



Print Application

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

CUSTOM CARE CARRIAGE LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 27th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of October, 2019.

*Mark Hammond*  
Mark Hammond, Secretary of State

Filing Date: 09/27/2019

Oct 08 2019  
REFERENCE ID: 411330

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company -- Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

CUSTOM CARE CARRIAGE LLC

**Note:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
2824 Rutherford Way

(Street Address)

Charleston, South Carolina 29414

(City, State, Zip Code)

3. The initial agent for service of process is

Corporation Service Company

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
1703 Laurel Street

(Street Address)

Columbia

South Carolina 29201

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Simeon Glaubach

(Name)

2824 Rutherford Way

(Street Address)

Charleston, South Carolina 29414

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Oct 08 2019

REFERENCE ID: 411330

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

CUSTOM CARE CARRIAGE LLC

Name of Limited Liability Company

(b)  
Monica Glaubach

(Name)  
2824 Rutherford Way

(Street Address)  
Charleston, South Carolina 29414  
(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_

Form Revised by South Carolina Secretary of State, August 2016

FOUNDERS PRO, LLC  
2038 1st Avenue South  
Saint Petersburg, FL 33712  
Phone:(727) 290-9801 Fax: (727) 498-6506

Date: October 22, 2019

To: William Mcleod  
Triest Agency

From: Corey Fetting, Associate Broker  
Phone: (727) 873-7918 Email: Corey.Fetting@founderspro.com  
On Behalf of: Kayla Mayhew

Re: Insured: Custom Care Carriage, LLC  
Proposed Effective Date: 11/1/2019

Attached please find a quotation from Lloyd's Of London for the above mentioned account. Please be sure to check it over for accuracy. If you have any questions, please contact your broker, Kayla Mayhew at Kayla.Mayhew@founderspro.com or (727) 873-7914.

This policy is quoted on a non-admitted basis. We will be filing the taxes on your behalf. The surplus lines taxes and fees will be included with the premium billing.

\*\*\*Please note the subjectivities listed on the quote are required prior to binding this quote\*\*\*

POLICY PERIOD: 11/1/2019 TO 11/1/2020  
TERM: 12 Months

PREMIUM: \$1,650.00

FEES: Filing Fee \$125.00

Carrier Policy Fee \$200.00

TAXES: \$118.50

TOTAL: ~~\$2,093.50~~ 2180.42

COMMISSION: 10%

We appreciate your business. Please let us know how we can further assist you in placing this coverage for your client.

Thank you!

Pa 10/31/19  
CK 1001



**Insured** Custom Care Carriage, LLC  
2824 Rutherford Way  
Charleston, SC 29414

**Business/ Profession** Non Emergency Transports

**Policy Period** November 01, 2019 to November 01, 2020

**Carrier** Certain Underwriters at Lloyd's of London

**Policy Premium** \$1,650.00  
**Policy Fee** \$200.00  
**TOTAL** \$1,850.00

**Professional Liability**  
**Per Claim** \$1,000,000  
**Aggregate** \$3,000,000  
**Per Claim Deductible** \$1,000  
**Retroactive Date** November 01, 2019

**General Liability**  
**Per Claim** \$1,000,000  
**Aggregate\*** \$3,000,000  
\* Products/Completed Operations included  
**Personal/Advertising Injury** \$1,000,000  
**Fire Damage** \$100,000  
**Medical Expense** \$5,000  
**Per Claim Deductible** \$1,000  
**Retroactive Date** November 01, 2019

**Additional and Optional Coverages**

<b>Employee Benefit Liability</b>	Included	\$1,000,000/\$1,000,000 Retro: November 01, 2019
<b>Defense Outside Limits</b>	Available	For \$82.
<b>Physical &amp; Sexual Abuse</b>	Included	\$200,000/\$600,000
	Available	\$250,000/\$750,000 for \$24
	Available	\$500,000/\$500,000 for \$49
	Available	\$1,000,000/\$1,000,000 for \$82
	Available	\$1,000,000/\$3,000,000 for \$123
<b>Cyber Liability</b>	Available	\$25,000 for \$82 \$50,000 for \$132 \$75,000 for \$165 \$100,000 for \$198
<b>Business Personal Property</b>	Available	For additional premium.
<b>Hired &amp; Non-Owned Auto</b>	Available	\$250,000/\$250,000 for \$40 per driver \$500,000/\$500,000 for \$55 per driver \$1,000,000/\$1,000,000 for \$70 per driver

This quotation is valid for 90 days. All premiums are 25% earned upon inception. All policy fees are 100% earned upon inception. This is a quotation only. Coverage is currently not in force, and this quotation does not obligate the underwriters to provide coverage should additional information come to light. Any pricing, terms, or conditionals of the final policy at variance with this quotation will supercede this quotation. Note: As additional underwriting information may be required, this premium is an estimate. Limits available for purchase must be equal to or less than the primary PL/GL limits. Not all optional coverage limits will qualify.